WENMM/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION **TRANSMITTAL**

Under the Paperwork Reduction Act of 1995, no persons are		of information unless it displays a valid OMB control number.				
UTILITY	Attorney Docket No.	4002-3434 / PC834.00				
ENT APPLICATION TRANSMITTAL	First Inventor	MOLZ				
	Title	RADIOPAQUE, COAXIAL ORTHOPEDIC TETHER DESIGN AND METHOD				
provisional applications under 37 CFR § 1.53(b))	Express Mail Label No.	EV 432597930 US				

=	Only for new i	nonprovisional applications unde	r 37 CFR § 1.53(b))	Express Mail La	bel No.	EV 4325	97930 US		<u> </u>		
						14 11 01 1	Data de Amelia etia		<u> </u>	-	
		APPLICATION ELEME	NTS			•	Patent Application Patents	on	ુજ્ઞ		
		ter 600 concerning utility paten		ADDRESS T	O:	PO Box 14			47		
	See MPEP chap	ter 600 concerning utility paten	application contents	<u> </u>		Alexandria	VA 22313-145	50	<u> </u>	#	
1.	Fee Transn	nittal Form (e.g., PTO/SB/17) original and a duplicate for fee	nrecossing)			R in duplica ım (<i>Append</i>	te, large table or	r	15	#	
2.		laims small entity status.	processing	8. Nucleoti	ide and/o	r Amino Ac	id Sequence Sul	bmission			
_	See 37 CFI		otal Pages 31]	<u> </u>		<i>necessary</i>) Readable Fo					
3.	Specification	ernent set forth below)	sia, ages [s.],			quence Listi					
	- Descriptive title			b. орасило i. Г	-	•	R (2 copies); or			1	
		ce to Related Applications			-		((2 cop.co), c.			ı	
	- Statement Reg	arding Fed sponsored R & D uence listing, a table, or a com	puter program listing	ii. L] paper		laudiba of objects	nonino			
	appendix	dence hatting, a table, or a com-	pater programmening	c. Statements verifying identity of above copies							
	- Background of			ACCOMPANYING APPLICATION PARTS							
	•	n of the Drawings (if filed)		9. Assignr	nent Pap	ers (cover s	sheet & documer	nt(s))		İ	
	 Detailed Descri Claim(s) 	iption		10. ☐ 37 C.F.	D & 3 73	(b) Stateme	nt 🗀 i	Power of Attorne	v	-	
	- Abstract of the	Disclosure	F			n assignee)	_	04461 017 (((0)110	,		
4.	_	100 0.0.0.	Total Pages 4]	11. English	Translati	ion Docume	ent (if applicable)	ı			
_	Oath or Declarat	-	Total Pages 4]							1	
5.	K3	y executed (original or copy)	Total Pages 4]		tion Discl	losure /PTO-1449		Copies of IDS Citations			
				13. Prelimi	nary Ame	ndment				1	
•		from a prior application (37 C.		14. Return	Receipt F	Postcard (M	IPEP 503)			- 1	
		continuation/divisional with Box			•	ifically item					
	i. 📙	DELETION OF INVENTOR(S)		15. Certifie	d Copy of	f Priority Do	cument(s)				
		Signed statement attached delin the prior application, see 37				/ is claimed				- 1	
		1.33(b).		l		_				- 1	
							der 35 U.S.C. 12 PTO/SB/35 or its			- 1	
				1 - "	ini masi s		. , 0, 02, 00 0	o oquiraroni.			
6.	Application	Data Sheet. See 37 CFR 1.7	6	17. Other:		-				-	
				<u> </u>		<u> </u>				ᅵ	
18.		IG APPLICATION, check appr	ropriate box, and supply the	requisite information	on below	and in a pr	eliminary amend	dment, or in an i	Applicatio	חיי	
	Data Sheet under Continuation		Continuation-ir	n-part (CIP) of	f prior ap	plication No	o:			-	
			oonanaanon n		Group / Ar				•		
_	Prior application	_			•					.	
For	CONTINUATION	or DIVISIONAL APPS only: he disclosure of the accompan	The entire disclosure of the	prior application, f	rom whic s hereby	incorporate	or declaration is	supplied under	Box 5b, on can on	ıs Iv	
		a portion has been inadvertent			o 11010by	oorporate			3911.311	"	
			19. CORRESPON	NDENCE ADDRES	SS					П	
	□ Custome	r Number or Bar Code Label	30565		or 🔲	Correspond	lence address b	olow		٦	
						Correspond	rence address b	CIOVV		\dashv	
Na	me	Woodard, Emhardt, Moriar	ty, Michett & Henry LLP								
Ad	dress	Bank One Center/Tower	2700		····					{	
Cit		111 Monument Circle, Suit	7			7:- 0-4-	40004 5407			\dashv	
City Indianapolis State IN Country USA Telephone (31				Zip Code	46204-5137	C4					
		USA	Telephone (3	17) 634-3456		Fax	(317) 637-750				
Na	me (Print/Type)	James B. Myers, Jr.	no /	7	Registr	ation No. (A	Attorney/Agent)	42,021		_	
Sig	nature	James B.	Muse G				Date	February 27,	2004		
Ex	press Mail Label		0 US		Date of	Deposit	Feb	ruary 27, 2004		一	
l he	ereby certify that thi	s paper is being deposited with the	he United States Postal Service	e "Express Mail Post	Office to	Addressee"			0 on the		
dat	te indicated above a	and s addressed to the Commiss	sioner for Patents, PO Box 145	0, Alexandria, VA 22	2313-1450	, _				1	

Signature of person mailing paper or fee

WENMM/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

nder the Pa	perwork Reduction Act o	of 1995, no person	s are required to res	pond to	a collectio	on of infor				MB control	number.	
<u> </u>					Complete if Known							
FEE TRANSMITTAL for FY 2004			Application Number									
်	for FY		_	Filing Date F				February 27, 2004				
			nual revision	Firs	t Named	Inventor	M	lolz			_	
Effective 10/01/2003. Patent fees are subject to annual revision.				Examiner Name								
Applicant clair	ms small entity status.	See 37 CFR 1.27	,	Art	Unit							
	NT OF PAYMENT		80.00	Atto	orney Do	cket No.	4	002-3434/PC	834.00			
ME	THOD OF PAYMENT (check all that app	oly)	FEE CALCULATION (continued)								
Check C	Credit Card Money C	Order Other	None	3. AD	DITIONA	L FEES						
Deposit Accoun	t:				Entity	Small		_				
Deposit Account Number 23-3030				Fee Code	<u>Fee</u> (\$)	Fee Code	<u>Fee</u> (\$)	Fee Description	1		Fee Paid	
				1051	130	2051	65	Surcharge - late	-	-		
				1052	50	2052	25	Surcharge - late or cover sheet	e provisiona	I filing fee		
Deposit Account	Woodard, Emi	hardt, Moriarty, I	McNett	1053	130	1053	130	Non-English sp	ecification	į		
Name & Henry LLP				1812	2,520	1812	2,520	For filing a requ reexamination	uest for ex p	arte		
The Director is aut	horized to: (check all that	t apply)		4004		4004	*000	Requesting put	otication of S	SIR prior		
Charge fee(s) ir	ndicated below	🔀 Credit	any overpayments	1804	*920	1804	*920	to Examiner ac				
	ditional fee(s) during the pe ayment of issue fees	endency of this appl	ication,	1805	*1,840	1805	*1,840	Requesting put Examiner actio		SIR after		
l <u> </u>	ndicated below, except for	r the filing fee to th	ne above-identified	1251	110	2251	55	Extension for re				
deposit accoun		t the filling ree, to a	ie above-identified	1252	420	2252	210	Extension for re month	eply within s	econd		
FEE CALCULATION				1253	950	2253	475	Extension for re month	eply within th	hird		
1. BASIC FILING	G FEE			1254	1,480	2254	740	Extension for re	eply within fo	ourth		
Large Entity	Small Entity			1255	2,010	2255	1,005	Extension for r	eply within fi	ifth month		
Fee Fee	Fee Fee			1401	330	2401	165	Notice of Appe		.		
	Code (\$) Fee Des		Fee Paid 770.00	1402	330 290	2402 2403	165 145	Filing a brief in Request for ora		an appeal		
• 1001 770	2001 385 Utility fill	· -	770.00	1403				Petition to insti	-	use		
1002 340	· · · · · · · · · · · · · · · · · · ·	filing fee		1451	1,510	1451	1,510	proceeding				
1003 530 1004 770	2003 265 Plant fili 2004 385 Reissue	ing fee		1452 1453	110 1,330	2452 2453	55 665			1		
1005 160		nal filing fee		1501	1,330	2501	665					
	SUBTO	OTAL 1. (\$)	770.00	1502	480	2502	240	•				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1503 1460	640 130	2503 1460	320 130	Plant issue fee Petitions to the Commissioner				
Z. EXTIGORAL	WITELS FOR OTHERT	AND REIGGOL		i			50	Processing for				
	Extra	a Fee from	Fee	1807	50	1807		1.17(Q) Submission of	Information			
ļ	Claim		Paid	1806	180	1806	180	Disclosure Str				
Total Claims		38 X 18.00		8021	40	8021	40				40.00	
Independent Claims	4 -3**=	1 X 86.00	= 86.00					Properties)	i			
Multiple Dependent			= 0.00	1809	770	2809	385			паі		
Large Entity Fee Fee	Small Entity Fee Fee		 	-				((37 CFR 1.12 For each addit		ion to bo		
		scription		1810	770	2810	385	Examined (37				
	2202 9 Claims	in excess of 20 ident claims in exce	ess of 3	1801	770	2801	385	Request for Co (RCE)	ontinued Exa	amination		
	· ·	dependent claim, i		1802	900	1802	900	Request for ex of a design ap		mination		
1204 86	//U4 43	ssue independent cl	aims over original			•						
patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over				Other F								
10	origi	inal patent		(specif	y)						l	
		OTAL 2. (\$)	770.00					SUB	TOTAL 3.	(\$)	40.00	
SUBMITTED BY	usly paid, if greater; For Re	eissues, see above		*Redu	ced by Ba	sic Filing f	-ee Paid					
Name			Registration No.			•						
(Print/Type		r.	(Attorney/Agent)	42,02	1 2			Telephone	(317) 63	4-3456		
Signatur	e //	B	Muses					Date	Februar	y 27, 2004	ı	